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ACEMARI		Application Number	09/973,225		
TRANSMITTAL FORM		Filing Date	10/09/2001		
		First Named Inventor	Kagi, Rene		
(to be used for all correspondence after initial filing)		Art Unit	3677		
		Examiner Name	Carlos Lugos		
Total Number of Pages in This Submission	9	Attorney Docket Number	7041.P32CIP		
• ••	ENCI	OSURES (Check all that	t apply)		
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addre Terminal Disclaimer Request for Refund CD, Number of CD(s)	ess Co	Technology peal Conf Appeal Conf Appeal Notice Proprietary Status Letter Enclodentify below	osure(s) (please
under 37 CFR 1.52 or 1.53			· .		,,
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or rimp 3. Lee	11				
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May 7, 2004					
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I hereby certify that this correspondence is sufficient postage as first class mail in an e the date shown below.					
Typed or printed name Philip J. Lee		7 cs			
Signature				Date	05/07/2004

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Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

RACEMAR

(\$) 420.00

	Complete if Known	DECEMPE	-
Application Number	09/973,225	- RECEIV EI	J
Filing Date	10/09/2001	MAY 1 4 2014	
First Named Inventor	Kagi, Rene	MIT 1-2-2017	
Examiner Name	Lugos, Carlos	GROUP 380	70
Art Unit	3677	- Gi 10 01 - 0 01	
Attorney Docket No.	7041.P32CIP		

Check Credit card Money Other None Deposit Account: 3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Description	
Deposit Account:	
Deposit Code (\$) Code (\$)	Fac Baid
Account Number 1051 130 2051 65 Surcharge - late filing fee or oath	Fee Paid
Deposit 1052 50 2052 25 Surcharge - late provisional filing fee or	\vdash
Account cover sheet	
The Director is authorized to: (check all that apply) 1053 130 Non-English specification	_
Charge fee(s) indicated below Credit any overpayments 1812 2,520 For filing a request for ex parte reexamination	"
Charge any additional fee(s) or any underpayment of fee(s) 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action	
Charge fee(s) indicated below, except for the filing fee 1805 1,840* Requesting publication of SIR after to the above-identified deposit account.	
FEE CALCULATION 1251 110 2251 55 Extension for reply within first month	420
1. BASIC FILING FEE 1252 420 2252 210 Extension for reply within second month	\vdash
Large Entity Small Entity 1253 950 2253 475 Extension for reply within third month	\vdash
Fee Fee Fee Fee Paid 1254 1,480 2254 740 Extension for reply within fourth month	
1001 770 2001 385 Utility filing fee 1255 2,010 2255 1,005 Extension for reply within fifth month	—
1002 340 2002 170 Design filing fee 1401 330 2401 165 Notice of Appeal	
1003 530 2003 265 Plant filing fee 1402 330 2402 165 Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee 1403 290 2403 145 Request for oral hearing	
1005 160 2005 80 Provisional filing fee 1451 1,510 1451 1,510 Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) 1452 110 2452 55 Petition to revive - unavoidable	
1453 1,330 2453 665 Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1,330 2501 665 Utility issue fee (or reissue)	
Extra Claims below Fee Paid 1502 480 2502 240 Design issue fee	
Total Claims 3 -20** = 0 X = 1503 640 2503 320 Plant issue fee	
Claims 2 - 3 - 2 1460 130 1460 130 Petitions to the Commissioner	
Multiple Dependent = 1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	
Large Entity Small Entity Small Entity 1806 180 1806 180 Submission of Information Disclosure Stmt	
Code (\$) Code (\$) Recording each patent assignment per	
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid 1810 770 2810 385 For each additional invention to be	
1204 86 2204 43 **Reissue independent claims over original patent 1801 770 2801 385 Request for Continued Examination (RCE	
1205 18 2205 9 ** Reissue claims in excess of 20 1802 900 Request for expedited examination of a design application	
Other fee (specify)	
**or number previously paid, if greater, For Reissues, see above **or number previously paid, if greater, For Reissues, see above **or number previously paid, if greater, For Reissues, see above **or number previously paid, if greater, For Reissues, see above **or number previously paid, if greater, For Reissues, see above **or number previously paid, if greater, For Reissues, see above **or number previously paid, if greater, For Reissues, see above **or number previously paid, if greater, For Reissues, see above **or number previously paid, if greater, For Reissues, see above **or number previously paid, if greater, For Reissues, see above **or number previously paid, if greater, For Reissues, see above **or number previously paid, if greater, For Reissues, see above **or number previously paid, if greater, For Reissues, see above **or number previously paid, if greater, For Reissues, see above **or number previously paid, if greater, For Reissues, see above **or number previously paid, if greater, For Reissues, see above **or number previously paid, if greater, For Reissues, See above **or number previously paid, if greater, For Reissues, See above **or number previously paid, if greater, For Reissues, See above **or number previously paid, if greater, For Reissues, See above **or number previously paid, if greater, For Reissues, See above **or number previously paid, if greater, For Reissues, See above **or number previously paid, if greater, For Reissues, See above **or number previously paid, if greater, For Reissues, See above **or number previously paid, if greater, For Reissues, See above **or number previously paid, if greater, For Reissues, See above **or number previously paid, if greater, For Reissues, See above **or number previously paid, if greater, For Reissues, See above **or number previously paid, if greater, For Reissues, For	0.00

SUBMITTED BY			(Comple	te (if applicable))
Name (Print/Type)	Philip J. Lee	Registration No. (Attorney/Agent) 32869	Telephoi	ne 402 397-3801
Signature	11/1/		Date	May 7, 2004

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